| Employment and Wage Detail Electronic Filing |
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| ICESA |
| SPECIFICATION |
| SI LCII ICATION |
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| Division of Unemployment Assistance (DUA) |
| Commonwealth of Massachusetts |
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| |
| Effective: |
| Quarter 4 – 2009 Filing |
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DOCUMENT REVISION HISTORY

| Date | Version | Responsible | Reason for Revision |
|----------|---------|--------------|--|
| 06/04/08 | 0.01 | H Hoffman | Initial Draft |
| 06/13/08 | 0.02 | N Fisher | Review and Update |
| 06/24/08 | 0.03 | M Holte | Updated to include file upload using |
| | | | application |
| 07/08/08 | 0.04 | M Holte | Updated file layout |
| 07/22/08 | 0.05 | M Holte | Updates on review with Theresa DeMarco, |
| | | | Jane Welch, Kathy Wilson and Susan Lynn |
| 09/05/08 | 0.06 | M Holte | Updates based on consolidated comments |
| | | S Lynn | review |
| | | T DeMarco | |
| | | J Welch | |
| 09/17/08 | 0.07 | M Holte | Updates to adjustment reasons per Steering |
| | | | Committee Review |
| 12/11/08 | 1.0 | 0. | Updated for Employer / Agent |
| | | Chernozhukov | Communication and use. |
| | | D Wenzel | |
| 12/18/08 | 2.0 | M Holte | Updates from Final Review |
| | | D Wenzel | |

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1 INTERFACE: ICESA FILE FORMAT

1.1 INTERFACE SUMMARY INFORMATION

The information that follows provides extensive detail with the key information, data definitions, and formatting instructions for generating ICESA Employment and Wage File for submission to the Massachusetts Department of Unemployment Assistance.

The elements outlined below will be the only elements processed by the system. If other ICESA elements are present, in their designated spaces, these will be ignored. ICESA files can be submitted as *.txt online or via FTP or as *.zip for FTP submissions.

| | Interface Summary Information | | |
|-----------------------|---|--|--|
| Interface Name | Electronic Employment and Wage Detail Filing – ICESA Format | | |
| Purpose of Interface | The purpose of the ICESA interface is to allow employers and Third Party Administrators (TPA) to upload employment and wage detail information via online or secure FTP file upload processes. | | |
| Trigger for Interface | Employer/TPA creates file and either submits via online Employment and Wage Submission process through self-service system; or, via secure FTP file folder designated to individual employers and TPA organizations (by assignment only). Massachusetts Division of Unemployment Assistance processes file in both real-time and batch processing depending on file sizes and system load. | | |
| Post-conditions | File processed or rejected. Employment and Wage records posted to employer(s) account(s). UI and UHI Contributions and Charges are calculated and posted. Online Filers receive real-time edits, calculation notice, and confirmation. FTP Filers receive FTP Acknowledgement File | | |

| Interface Summary Information | | | | |
|-------------------------------|---|--|--|--|
| Frequency/Schedule | Online files within size limits are processed online in real time; real time edits are displayed for the user. Online files outside size limits are processed in batch throughout each day and/or overnight. Edits are displayed available for review via "Submission History" self-service module. Secure FTP Filers are processed in batch each night. Secure FTP Filers will be assigned a recommended filing time to accommodate large file sizes and anticipated system loads for quarterly filing. | | | |

1.2 RECEPTION / UPLOAD DATA SET INSTRUCTIONS

| | Reception / Upload Data Set Instructions |
|--------------------------|--|
| Data Elements | 1. Employer Account Number (EAN) 2. Year/Quarter 3. Employee SSN 4. Employee last name 5. Employee first name 6. Employee middle initial 7. Owner/officer 8. Hours worked 9. Gross wages 10.DOR Withholding Wages 11.DOR Amount Withheld 12.Unit number 13.12 th of the month data employment – month 1 14.12 th of the month data employment – month 2 15.12 th of the month data employment – month 3 16.Adjustment Reason Code |
| File Extension Format | ICESA (NASWA Standard File Format) • Length: 275 • *.txt • .zip (for FTP only) |

| | Reception / Upload Data Set Instructions | | |
|------------------------------|---|--|--|
| Expected Naming | Employer: EmployerID_QTR_YR.txt | | |
| Convention | Example1: 87654321_4_2009.txt | | |
| | Example2 (FTP): 87654321_4_2009.zip | | |
| | Agent (Original): AgentID_QTR_YR.txt | | |
| | Example1: AG654321_3_2010.txt | | |
| | Example2 (FTP): AG654321_3_2010.zip | | |
| | Agent (Adjustment): AgentID_QTR_YR_ADJ.txt | | |
| | Example1: AG654321_3_2010_ADJ.txt | | |
| | Example2 (FTP): AG654321_3_2010_ADJ.zip | | |
| File Rejection Thresholds | 25% of Entire File Contains Fatal Errors, Entire File is Rejected (See "Data Validation and Error Handling Guide") Unacceptable File Format (i.e., wrong file length or type) Unacceptable File Organization (i.e., SSN in Name column) No wage data (for entire file) | | |

1.3 OTHER DESIGN INSTRUCTIONS

| Other Design Instructions / Miscellaneous Information | | | |
|---|--|--|--|
| Other Information and Design Instructions | See following supplemental documents for additional information: | | |
| | Employment and Wage Submission Guidelines and Information Sample ICESA File Questions can be directed to: duaquest@detma.org | | |

1.4 FIELD DEFINITIONS

DUA's new system will ignore any data found within the elements listed below as "N/A". Either fill-in the spaces with blanks or the data outlined by the standard format. As long as the DUA – required spaces are filled in with the correct data, the file will be processed.

| Field ID | Field Name | Description |
|-------------|----------------------------|---------------------------------|
| 1 | Record Identifier | Constant "S" |
| 2 | Social Security Number | Employee Social Security Number |
| 3 | Employee last name | Employee last name |
| 4 | Employee first name. | Employee first name |
| 5 | Employee Middle Initial | Employ middle initial |
| 6 | State Code | N/A |

| Field ID | Field Name | Description |
|-------------|---|---|
| 7 | Adjustment Reason Code | Enter the adjustment reason code. Valid codes are 1,2,3,4,5,6,7,8. The code descriptions are the following: Employment and Wages adjusted because they were not taxable Wages adjusted because worker(s) were hired/terminated Employment and Wages adjusted to correct computer system, data entry or accounting errors Employment and Wages adjusted because they were reported to the wrong state Employment and Wages adjusted because the workers performed services for a different business Employment and Wages adjusted for a non subject employer Employment adjusted Other For "Original Submissions", enter a "0" for Adjustment Reason Code. |
| 8 | Blank | Positions 47 to 49 are blank |
| 9 | State Qtr. Total gross wages. | Gross wages earned by the employee during the reporting period. No commas or decimals. Right justify zero and fill. For example, Employee A makes \$10,000 a quarter. 0000001000000 should be entered in this field. |
| 10 | Total state quarterly wages subject to unemployment taxes | N/A |
| 11 | Quarterly wages in excess of the state U.I. taxable wage base | N/A |
| 12 | State Qtr. U.I. Total Wages less state Qtr. Excess wages | N/A |

| Field ID | Field Name | Description |
|-------------|--|--|
| 13 | Quarterly State Disability Insurance Taxable Wages | N/A |
| 14 | Quarterly Tip wages | N/A |
| 15 | Number of weeks worked | N/A |
| 16 | Hours Worked | Hours worked during the reporting period. Right justify and zero fill. No decimal allowed. |
| 17 | Blank | Positions 135 – 146 are blank |
| 18 | Taxing Entity Code | N/A |
| 19 | State Unemployment Insurance Employer account Number | The Employer's state UI Account Number. |
| 20 | Blank | 7 blank characters |
| 21 | Unit/Division Location (plant code) | Location code (reporting unit) where work is performed. Right justify and zero fill. |
| 22 | Blank | 11 blank characters |
| 21 | State Taxable Wages | State Taxable Wages (i.e. DOR Withholding Wages) earned by the employee during the reporting period. No commas or decimals. Right justify zero and fill. |
| 22 | State Income Tax withheld | State Income Tax Withheld (i.e. DOR Amount Withheld) for the employee during the reporting period. No commas or decimals. Right justify zero and fill. |
| 23 | Seasonal Indicator | N/A |
| 24 | Employer Health Insurance Code | N/A |
| 25 | Employee Health Insurance Code | N/A |
| 26 | Probationary Code | N/A |

| Field ID | Field Name | Description |
|-------------|--|---|
| 27 | Officer Code | Owner or Officer indicator – indicates whether or not the employee is an owner or officer of the organization. "1" if Yes. Default Value = "0". |
| 28 | Wage Plan Code | N/A |
| 29 | 12 th of the month employment indicator – month 1 | 12 th of the Month Employment – indicates whether or not the employee worked on the 12 th day of each month during the reporting period. Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 1st month of the reporting period. |
| 30 | 12 th of the month employment indicator – month 2 | 12 th of the Month Employment – indicates whether or not the employee worked on the 12 th day of each month during the reporting period. Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 1st month of the reporting period |
| 31 | 12 th of the month employment indicator month 3 | 12 th of the Month Employment – indicates whether or not the employee worked on the 12 th day of each month during the reporting period. Enter "1" if employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by U.I. did not work and received no pay for the period including the 12th day of the 1st month of the reporting period |
| 32 | Reporting Quarter and Year | Reporting period quarter and year (e.g., 032009 for Jan - Mar of 2009). |
| 33 | Date First Employed | N/A |
| 34 | Date of Separation | N/A |
| 35 | Blank | 42 blank characters |
| 36 | End of Line Identifier | One position |

1.5 FILE LAYOUT

| Field Name | Format | Length | Logic/ Validation |
|---|----------|--------|--|
| Record Identifier | A/N | 1 | Always "S" |
| Social Security Number | Numeric | 9 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Employee Last Name | A/N | 20 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Employee First Name | A/N | 12 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Employee Middle Initial | A/N | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| State Code | A/N or N | 2 | N/A |
| Adjustment Reason Code | Numeric | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Blank | | 3 | N/A |
| State Qtr. Total Gross Wages | Numeric | 14 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Total State Quarterly Wages Subject to Unemployment Taxes | Numeric | 14 | N/A |
| Quarterly Wages in Excess of the State U.I. Taxable Wage Base | Numeric | 14 | N/A |
| State Qtr. U.I Total Wages Less State Qtr. Excess Wages | Numeric | 14 | N/A |
| Quarterly State Disability Insurance Taxable Wages | Numeric | 15 | N/A |

| Field Name | Format | Length | Logic/ Validation |
|---|---------|--------|--|
| Quarterly Tip Wages | Numeric | 9 | N/A |
| Number of Weeks Worked | Numeric | 2 | N/A |
| Hours Worked | Numeric | 3 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Blank | | 8 | N/A |
| Taxing Entity Code | A/N | 4 | N/A |
| State Unemployment Insurance Employer Account Number | Numeric | 8 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Blank | | 7 | N/A |
| Unit/Division Location (Plant Code) | Numeric | 4 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Blank | | 11 | N/A |
| State Taxable Wages | Numeric | 14 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| State Income Tax Withheld | Numeric | 14 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Seasonal Indicator | A/N | 2 | N/A |
| Employer Health Insurance Code | A/N | 1 | N/A |
| Employee Health Insurance Code | A/N | 1 | N/A |
| Probationary Code | A/N | 1 | N/A |
| Officer Code | Numeric | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Wage Plan Code | Numeric | 1 | N/A |

| Field Name | Format | Length | Logic/ Validation |
|---|---------|--------|--|
| 12 th of the Month Indicator – Month 1 | Numeric | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| 12 th of the Month Indicator – Month 2 | Numeric | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| 12 th of the Month Indicator – Month 3 | Numeric | 1 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Reporting Quarter and Year | Numeric | 6 | See "Error Management and File Rejection" section of "Employment and Wage Submission Guidelines and Information" document. |
| Date First Employed | Numeric | 6 | N/A |
| Date of Separation | Numeric | 6 | N/A |
| Blank | | 42 | N/A |
| End of Line Identifier | A/N | 1 | N/A |